PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09758912

CLAIMS AS FILED - PART (Column 1)						(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			9					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TO	TAL CHARGEA	BLE CLAIMS	9 minus 20=		. 0			X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	3 min	nus 3 =	. 0			X40=		OR	X80=	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+135=		OR	+270=	
* If the difference in column 1 is less than zero, ente					"0" in c	olumn 2	L	TOTAL		OR	TOTAL.	
	C	LAIMS AS A	MENDED - PART II				<u></u>			•	OTHER	
_		(Column 1)	,	(Colur		(Column 3)	1 -	SMALL E		OR	SMALL	
ENT A		CLAIMS REMAINING AFTER AMENDMENT	kin in page	HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		PATE	ADDI- TIONIAL FEE
AMENDMENT	Total	*	Minus	**		=] [X\$ 9=		OR	X\$18=	
4ME	Independent	*	Minus	***		=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	JLTIPLE DEP	ENDEN	CLAIM)	+135=		IOR	+270=	
								TOTAL		OD.	TOTAL	
	(Column 1) (Column 2) (Column 3)							ADDIT. FEE			ADDIT. FEE	
_	L'inni : m	(Column 1) CLAIMS		HIGH	IEST	(Column 3)	, 1	1	ADDI-			ADDI-
ENT B	22.00	REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=]	X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDE				ENT CLAIM		 L	405			.070	
	BEST AVAILABL						γΙ	+135= TOTAL	_	OR	+270= TOTAL	
	DEST. 7.07.112 12.22									OR	ADDIT. FEE	
	F -b. w ** ** **	(Column 1)			mn 2)	(Column 3)	<u> </u>					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	ji	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=]	X40=		٥٥	X80=	
۲	FIRST PRESE	ULTIPLE DEF	PENDEN	I CLAIM		įĽ			CH	<u> </u>		
+135=										OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
"		ımber Previously F nper Previously Pa							propriate bo	x in co	olumn 1.	